

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027365

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

970

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 14 1963

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Joseph,

Length of stay in 1b
3 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Meth. Hosp. & Med. Center

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Andrew

c. CITY OR TOWN Cosby,

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Rural Route

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First Middle Last
JOHN H. SCHNEIDER

4. DATE OF DEATH
Month Day Year
August 10, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

July 1, 1902

9. AGE (last birthday)

61

10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Agriculture

11. BIRTHPLACE (City and state or country)

Cosby, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry Chris Schneider

13b. MOTHER'S MAIDEN NAME

Carolyn Schrier

14. NAME OF HUSBAND OR WIFE

Pearlie Schneider

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Pearlie Schneider-Cosby, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma Prostate
Bone metastasis

INTERVAL BETWEEN ONSET AND DEATH

5 yrs.

1 yr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Bilateral Hydronephrosis

6 mo.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-2-63 to 8-10-63 and last saw her alive on 8-9-63
Death occurred at 4:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

J. Martin, M.D.

22b. ADDRESS

706 Francis St. Joseph, Mo

22c. DATE SIGNED

8-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Aug. 12, 1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Meierhoffer-Fleeman Inc., St. Joseph, Mo

25. DATE RECD. BY LOCAL REG.

Aug 13, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

J. Martin, M.D.

VS 300
Rev. 4/59

1 5117

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11

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AUG 20 1963

2117
00201

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2

Permit issued 8-12-63

STATEMENT BY LICENSED EMBALMER

0-2

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed, Edward R. Harrington

Licensed Embalmer No. 7258

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.